

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/5091252**

FILING DATE

**8 MAR 2005**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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47			/			
48				/		
49				/		
50			/			
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		2	←		←
TOTAL CLAIMS			4			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54			/			
55			/			
56			/			
57				/		
58				/		
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67			/			
68			/	/		
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100						
TOTAL IND.		↓	7	↓		↓
TOTAL DEP.	←		13	←		←
TOTAL CLAIMS			22			